

VERMONT PUBLIC SCHOOL YOUTH NEEDS ASSESSMENT PROJECT

Final Report – February 2005

**Vermont Department of Education
Safe and Healthy Schools
(802) 828-0570**

Notes on the information contained in this report:

- This report contains information based on 29 interviews with health educators from public schools in Vermont.
- In addition to the interviews with health educators, this report also includes information gathered through six focus groups conducted with groups of youth in public schools in central and southern Vermont. The results of these focus groups are listed separately.
- This report only includes information from health educators and youth in public school settings. For information about interviewee and focus group responses regarding out-of-school youth and youth in independent schools, please see the final reports from Phases I and II, respectively.
- The information in this report is based on self-reporting by individual representatives of contacted public schools, in the course of one phone interview each.

POPULATION DEFINITION

The target population is defined as people between 13 and 24 years old who are currently enrolled in a Vermont public school.

PUBLIC SCHOOLS

The 29 schools included in this report are located in the following regions:

Region	# of Schools (N = 29)	% of Schools
Champlain Valley	7	24%
Northeast	4	14%
Winooski	11	38%
Southwest	4	14%
Southeast	3	10%

NUMBER OF STUDENTS

SURVEY QUESTION:

Total number of student s currently attending all schools included in report.

TOTAL NUMBER OF STUDENTS REPORTED: 16,236

Note:

- This number includes all students attending each school, even if they are younger than 13 or older than 24 (i.e., outside the population definition for this report).
- All interviewees were able to offer estimates of the number of students attending their schools.

Region	# of Students
Northeast	1575
Champlain	5966
Winooski	5511
Southeast	2240
Southwest	944
Totals	16,236

WHO IS BEING REACHED?**SURVEY QUESTION:**

Describe your student population, noting grade levels and any other relevant characteristics.

The grid on this page shows the total responses (N = 29) by grade level.

Grade Levels:

	Region				
Grade Levels	Champlain	Northeast	Winooski	Southwest	Southeast
Pre-K/K thru 12	0	3	4	1	0
6/7 thru 12	2	1	6	2	1
9 thru 12	5	0	1	1	2
Totals	7	4	11	4	3

Grade Levels	# of Schools
Pre-K/K thru 12	8
6/7 thru 12	12
9 thru 12	9
Totals	29

Other relevant population characteristics:

Characteristic	N = 29	# of Schools	%
Rural		14	48%
Low SES		8	28%
Heterogeneous student body		6	21%
Diverse SES		4	14%
Mostly White		4	14%
Middle Class		3	10%
Low education levels in families		2	7%
Special Ed/IEPs		1	3%
High rate of substance abuse		1	3%
Highly motivated		1	3%
Diverse educational abilities		1	3%
Transient		1	3%

Note: Interviewees were asked to identify any characteristics that would describe their population of students. Interviewees were not prompted by a list of categories, so some categories may be under-reported.

HEALTH CURRICULUM

SURVEY QUESTION:

Which students receive some form of health education?

N = 29	Which students receive health education?		
	All	Some	None
# of Schools	29	0	0

Note: “All” includes schools with separate health education classes or with health education units woven into other classes.

SURVEY QUESTION:

Is the health education at your school based on any particular guidelines or curricula?

Health Education Resources	# (N = 29)	%
Vermont state guidelines	14	48%
Self-developed curriculum	6	21%
Life Skills Health	4	14%
Teenage Health	4	14%
Reducing the Risk	4	14%
Integrate many resources	4	14%
Comprehensive Health	2	7%
Know Your Body	2	7%

HIV/AIDS Education or Information

SURVEY QUESTION:

Of those students receiving health education, which students also get HIV/AIDS education or information?

Schools with health education

N = 29	Which students receive HIV/AIDS education?		
	All	Some	None
# of Schools	29	0	0

Note: Responding “All” to this question, means that at some grade in that particular school, students will get some HIV/AIDS education. Whether students get that information in one year, or over several school years varies from school to school.

How HIV/AIDS Education is Offered

Of the 29 interviewees, **29 (100%)** said their school did provide HIV/AIDS education or information of some sort.

SURVEY QUESTION:

Is HIV/AIDS taught as a specific unit, or is it integrated with other subjects?

N = 29	# of Schools	% of Schools
HIV/AIDS covered as a specific unit and integrated with other subjects	25	86%
Specific unit on HIV/AIDS	29	100%
HIV/AIDS integrated with other subjects	25	86%
Don't know if HIV/AIDS is integrated into other subjects	2	7%

Specific Unit on HIV**SURVEY QUESTION:***Which teaching approaches are included in the unit on HIV?*

Of the 29 schools offering HIV/AIDS education, **29 (100%)** reported providing this information as a specific unit. Furthermore, these 29 schools reported using the following teaching approaches in their HIV/AIDS education.

Displayed as raw data

Teaching approach	(N = 29)	# of Schools
Discussion		29
Lecture		28
Skills building exercises		26
Practical demonstrations by an instructor		26
Reading assignments		25
Video		23
Other activities		21
Guest speakers		18

Displayed as percentages

Teaching approach	(N = 29)	% of Schools
Discussion		100%
Lecture		97%
Skills building exercises		90%
Practical demonstrations by an instructor		90%
Reading assignments		86%
Video		79%
Other activities		72%
Guest speakers		62%

Teaching approaches included under “Other”:

“Other” teaching approaches reported	N = 21	# of Schools	% of Schools
Experiential activities/group activities		12	57%
Peer education		4	19%
Board games		3	14%
On-line research/research		3	14%

Note: Teaching approaches with less than 2 responses are not included in this report.

SURVEY QUESTION:

Which information is included in the unit on HIV/AIDS?

The **29** schools reporting that they provide HIV/AIDS as a specific unit also reported covering the following information in their HIV/AIDS education.

Responses displayed as raw data

Sub-topic on HIV/AIDS	N = 29	# of Schools
Sexual risk for HIV		29
Modes of HIV transmission		29
Needle-related risk		29
Prevention through abstinence/postponement (i.e., risk elimination)		29
Prevention through risk reduction		29
Specific mention of same-sex activity		28
Associated risks (peer pressure, low self-esteem)		28
Other subjects		20

Responses displayed as percentages

Sub-topic on HIV/AIDS	N = 29	# of Schools
Sexual risk for HIV		100%
Modes of HIV transmission		100%
Needle-related risk		100%
Prevention through abstinence/postponement (i.e., risk elimination)		100%
Prevention through risk reduction		100%
Specific mention of same-sex activity		97%
Associated risks (peer pressure, low self-esteem)		97%
Other subjects		69%

How HIV/AIDS is Addressed with Other Subjects

SURVEY QUESTION

How is HIV/AIDS addressed in subjects other than health education?

Of the 29 schools reporting that their students receive some form of HIV/AIDS education or information, **25 (86%)** reported that this information is integrated with other subjects.

HIV/AIDS information integrated with other subjects

Subjects that might include HIV information	# (N = 25)	%
Science	19	76%
English	7	28%
Current Events/Social studies	6	24%
Family and Consumer Science	4	16%
Physical education	2	8%
Life Skills	1	4%
Math	1	4%
CPR	1	4%

Note: Some schools reported integrating HIV/AIDS information into more than one other subject.

Providing HIV/AIDS Related Services

SURVEY QUESTION

Do you provide any of the following HIV/AIDS related services? If you do not provide the service at the school, do you make referrals for that service?

Services provided displayed as raw data and as percentages

Service (N = 29)	# of Schools	% of Schools
HIV/AIDS print information	27	93%
Drug and alcohol counseling	24	83%
Individual risk reduction counseling	23	79%
Information/Support for GLBTQ youth	23	79%
Information/support for people living with HIV/AIDS	11	40%
Condoms	6	21%
Other	3	10%
HIV testing	0	0%
Bleach Kits	0	0%
Injection Equipment	0	0%

Referrals made displayed as raw data and as percentages

Service (N = 29)	# of Schools	% of Schools
Condoms	20	69%
HIV testing	19	66%
Drug and alcohol counseling	8	28%
Information/Support for GLBTQ youth	5	17%
Information/support for people living with HIV/AIDS	5	17%
Bleach Kits	3	10%
Injection Equipment	3	10%
Individual risk reduction counseling	2	7%
HIV/AIDS print information	2	7%
Other	0	0%

Note: Interviewees were only asked if they made referrals for a particular service if they did not provide that service at their school.

Other Health-related Concerns of Students

SURVEY QUESTION:

Are you aware of students asking for other health-related services with any regularity?

Of the 29 interviewees, **20 (69%)** reported that students have asked for other health-related services on a regular basis.

Other health-related services asked for by students:

Service	N = 20	# of Schools	% of Schools
Reproductive/sexuality issues		9	45%
Drug and alcohol treatment/prevention		8	40%
Mental health services		7	35%
Smoking cessation		3	15%
Relational/social issues		3	15%
Wellness (e.g., nutrition, exercise, hygiene)		3	15%
Physical health - general		2	10%
Eating disorders		2	10%

Note: Responses reported by less than 2 interviewees were not included.

HIV Policy**SURVEY QUESTION:***Does your school have an HIV policy?*

N = 29	# of Schools	% of Schools
Yes	23	79%
No	0	0%
Don't know	6	21%

The 23 interviewees who reported they did have an HIV policy were asked the following question:

SURVEY QUESTION:*If you have an HIV policy, what does it cover?*

Note: Interviewees were asked this question without being prompted by a list of HIV policy topics or specific definitions of "HIV policy."

Details of school HIV policies:

Topic covered in HIV policy (N = 23)	# of Schools	% of Schools
Discrimination	8	35%
Confidentiality and disclosure re: HIV status	13	57%
Education and instruction	4	17%
Universal precautions	12	52%
Other	3	13%

WHAT IS EFFECTIVE/SUCCESSFUL – most frequent responses**SURVEY QUESTION:**

In terms of reaching students with health promotion and/or disease prevention messages, what have been the successes of your work? What do you think is effective?

N=28		What is effective or successful?	
#	%	Theme	Examples
11	39%	Providing information about HIV	<ul style="list-style-type: none"> Increasing students' awareness of HIV in real life (2) Providing accurate information (3) Teaching facts and skills together (2) Presenting students with facts then follow-up with discussion Giving information out in smaller bits Teaching kids about STD's Being blunt and direct in providing information about HIV/AIDS
11	39%	Guest speakers	<ul style="list-style-type: none"> HIV+ guest speakers (10) Have people from outside school speak with students such as an HIV panel or HIV+ speakers
10	36%	Multidimensional approach	<ul style="list-style-type: none"> Teach healthy living skills that can be applied across a variety of situations (2) Use a variety of methods to convey information (4) Integrate HIV prevention into multiple subjects (4)
8	29%	Experiential activities	<ul style="list-style-type: none"> Experiential activities (2) Having students work with the material (2) Role-playing Demonstrations to make abstract concepts more concrete (2) Hands-on activities
7	25%	Discussion	<ul style="list-style-type: none"> Work hard to have an open dialogue with students Group discussion (4) Encourage debate and interaction among students Kids want to air their thoughts and feelings
6	21%	Make information relevant	<ul style="list-style-type: none"> When students know someone who is HIV+ (2) Opportunities for students to assess own personal risk Provide information on how the epidemic is affecting teens When students can see the reality of HIV and can feel empathy for someone with HIV (2)
4	14%	Comprehensive curriculum	<ul style="list-style-type: none"> Have a K – 12 curriculum (3) Starting young (pre-K to K) to teach disease prevention
4	14%	Skills building	<ul style="list-style-type: none"> Skills-building such as role-playing Teaching prevention skills (2) Giving students ways of making good decisions
2	7%	Create safe environment	<ul style="list-style-type: none"> Provide a supportive, safe environment When the information comes from someone they know and trust
2	7%	Peer education	<ul style="list-style-type: none"> Peer education Student to student presentations

Note: The above table reflects the responses from 28 interviewees; due to a computer difficulty, data for one interviewee was lost.

CHALLENGES/BARRIERS – most frequent responses**SURVEY QUESTION:**

What are the challenges or barriers to reaching youth with HIV/AIDS information or related prevention messages?

N = 28		What are the challenges or barriers?	
#	%	Theme	Examples
10	36%	Feel invincible	<ul style="list-style-type: none"> Students feel invincible, invulnerable, and immortal (5) HIV doesn't feel relevant to students (4) Students think they already know all the information
6	21%	Not able to provide enough HIV education	<ul style="list-style-type: none"> Lack of time to cover HIV information (3) "No child left behind" and testing requirements don't leave enough time to cover HIV information (2) HIV is not discussed in many classes or by many teachers
5	18%	HIV/AIDS not visible	<ul style="list-style-type: none"> HIV/AIDS not visible in Vermont (3) Students don't know anyone with HIV (2)
4	14%	Lack of HIV/AIDS resources	<ul style="list-style-type: none"> Lack of confidential HIV and family planning resources Kids may not know who to go to for HIV information Lack of access to resources, such as condoms and HIV+ speakers (2)
4	14%	Stigma	<ul style="list-style-type: none"> Conservative views (2) When HIV/AIDS occurs in the community, it is kept quiet Homophobia and student held stereotypes
4	14%	Misinformation	<ul style="list-style-type: none"> Belief that HIV doesn't happen Vermont (3) Misconception that HIV is a gay disease
3	11%	How HIV education is taught	<ul style="list-style-type: none"> Timing of HIV education; students get HIV education in 9th grade, before they become sexually active Teaching health issues by topic instead of teaching prevention skills that cut across topics (2)
2	7%	Cultural/social messages	<ul style="list-style-type: none"> Students are not getting messages about healthy behavior from the media Many messages youth get about sexuality leave out accurate information about STD's
2	7%	Abstinence only message not effective	<ul style="list-style-type: none"> Not effective to tell kids who are already sexually active to abstain from sex Differing definitions about abstinence

Note: The above table reflects the responses from 28 interviewees; due to a computer difficulty, data for one interviewee was lost.

DESIRED RESOURCES – most frequent responses**SURVEY QUESTION:**

What resources would help you more effectively reach your population with HIV/AIDS information or services?

N = 28			
# of Schools	% of Schools	Resource	Common Responses: how resources might be applied
10	36%	Other	<ul style="list-style-type: none"> • Full-time health care clinic • Current statistics on rate of HIV and other STD's among teens; Regular updated mailing on latest HIV/AIDS statistics and information that could be shared in some way with students • Sample Orasure test kits to show students • More effective teaching aids (slide show, role plays); information about more activities to do with students around HIV • Updates on the state of the art in HIV prevention • Lesson plan ideas about the worldwide HIV/AIDS epidemic; more time for teaching students about the worldwide HIV/AIDS epidemic • State mandate for a comprehensive health education course • Up to date list of statewide HIV/AIDS resources
9	32%	Info on Community Resources	<ul style="list-style-type: none"> • Information on resources from the medical community • Information about HIV+ and HIV- speakers to challenge stereotypes and labels; list of guest speakers; list of HIV+ guest speakers (especially heterosexuals or IV drug users); good HIV+ speakers; resources to bring students together with peers who are HIV+; guest speakers who do not charge a fee
4	14%	Video	<ul style="list-style-type: none"> • The Matt Damon video on drugs and alcohol • Age appropriate videos for elementary school students
4	14%	Funding	<ul style="list-style-type: none"> • Use funding to buy teaching materials and visuals • Use money to add health education to 9th and 10th grades • Use for HIV+ guest speakers; more funding to bring in HIV+ guest speakers more often

Note: The above table reflects the responses from 28 interviewees; due to a computer difficulty, data for one interviewee was lost.

SERVICES LACKING FOR YOUTH**SURVEY QUESTION:**

What services are most lacking for youth in your district? (“services” is used to mean any service, not just HIV/AIDS related services)

N = 28			
# of Schools	% of Schools	Service lacking	Comments
9	32%	Drug and alcohol services	<ul style="list-style-type: none"> • Substance abuse services aimed at teens • Substance abuse recovery meetings • Drug and alcohol services for youth and parents • Wellness programs aimed at drug use • More smoking prevention • Support groups for youth around drug and alcohol prevention • Teen substance abuse rehab centers • Need a counselor in school for drug and alcohol abuse • Better intervention by border patrol to prevent students accessing drugs and alcohol in Canada
6	21%	Positive social interactions	<ul style="list-style-type: none"> • Teen centers • Social and recreational options for youth • More recreational options • Healthy social and recreational choices • Recreational activities for youth • Recreational department or other organized activities
6	21%	Services are not lacking	<ul style="list-style-type: none"> • Services are there, students are not accessing them due to issues related to social stratification • There are enough services, but students aren’t motivated to use them
5	18%	Mental health services	<ul style="list-style-type: none"> • Community mental health services • More mental health counselors • Treatment for depression • More access to mental health services • Crisis counselor for youth
4	14%	Transportation	<ul style="list-style-type: none"> • Students cannot access services without a car, because the nearest services are in another, larger town
3	11%	Don’t know	
2	7%	Support for family issues	<ul style="list-style-type: none"> • Support for kids going through divorce • More support for families, to decrease financial stress so they can spend more time with together

Note: The above table reflects the responses from 28 interviewees; due to a computer difficulty, data for one interviewee was lost.

SCHOOL/COMMUNITY COORDINATION

Note: The questions about school-community coordination (e.g., obstacles and effectiveness) were intended to gather information about the overall relationship between school and community and were not limited to the area of HIV/AIDS.

SURVEY QUESTION:

Do you see a need for increased coordination between schools and their communities?

See a need for increased coordination?	# (N = 28)	%
Yes	21	75%
No	7	25%

The 21 interviewees who responded “yes” to this question were also asked the following question:

SURVEY QUESTION:

What are the obstacles to this coordination?

N=21		What are the obstacles to coordination between school and community?	
#	%	Theme	Examples
14	67%	Lack of time or resources	<ul style="list-style-type: none"> • Lack of time and funding • 6 month lag time for juvenile justice system to respond to kids in need of supervision • Lack of time and staff • Funding, positions, and programs keeps getting cut • Lack of time (5) • Lack of a school health coordinator • Not enough money • Lack of finances and facilities for coordinating recreational activities • Lack of coordinated school health program
6	29%	Difficulties in relationship with the community	<ul style="list-style-type: none"> • Bureaucracy and politics • Lack of responsiveness from community organizations • Community members are in denial about need to coordinate to address certain risk factors • Territorial issues, school and community are wary of stepping on each other's toes • Traditional or conservative beliefs as a barrier (2)
4	19%	Lack of community/school representation	<ul style="list-style-type: none"> • Not being represented on the Community Coordination Counsel due to being a smaller town • Need more community input about health curriculum • Hard to find the right people to connect with in the community
4	19%	Difficulties in relationship with parents	<ul style="list-style-type: none"> • Lack of trust between some parents and school • The messages students get at home and from school don't match (2) • Only a core group of parents are involved

SCHOOL/COMMUNITY COORDINATION, Continued...

The 21 interviewees who reported that they did see a need for increased coordination between schools and communities were also asked the following question:

SURVEY QUESTION:

How might those obstacles be overcome?

N=21		How might those obstacles be overcome?	
#	%	Theme	Examples
9	43%	Increase avenues for communication	<ul style="list-style-type: none"> • Communities and schools need to understand one another and the issues better • Create position responsible for community/school coordination (3) • More people from school to represent the school in the community • Outreach involving school, community organizations, and parents • More communication between agencies and school, and between parents and school • Have a list of community resources and a forum for promoting this collaboration • More parent involvement in high school
6	29%	More resources	<ul style="list-style-type: none"> • Have a school health coordinator (3) • More funding (2) • Tap into coordinated school health plan
5	24%	Don't know	

EFFECTIVE COORDINATION BETWEEN SCHOOL AND COMMUNITY**SURVEY QUESTION:***What has been effective in coordinating between school and community?*

Out of the 29 interviewees who completed the entire survey, **25 (86%)** reported that they had noticed examples of effective coordination between the school and the community. Those 25 interviewees gave the following examples of what makes successful coordination possible between the school and the community.

N = 25		What makes coordination between school and community effective?	
#	%	Theme	Examples
11	44%	Motivated individuals/groups	<ul style="list-style-type: none"> • Core group of committed parents • Committed individuals (2) • Variety of committed individuals from the community • Certain people in the community are motivated to collaborate in this way • Certain people spearheaded the effort • Having vocal community members and a responsive school board and administration • High levels of concern around certain issues • Individuals make it happen • When someone takes the initiative • Lots of community involvement in school (e.g., volunteers)
8	32%	Access to resources	<ul style="list-style-type: none"> • Community group won a big grant to coordinate community/school collaboration • Good long term funding has made collaboration with a local community center successful • Funding is available for a particular collaborative program (2) • Community resources available on-site at school • Funding available from outside school • When community groups are very visible • Accessible and inclusive community resources
4	16%	Consistent structure for coordination	<ul style="list-style-type: none"> • Community school counsel meeting, meets often and regularly, includes variety of people • Open and inclusive group meets regularly • Having a home/school coordinator • Having someone in charge of coordination efforts
3	12%	Don't know	

IMPROVING HIV/AIDS EDUCATION AND PREVENTION**SURVEY QUESTION:***How could HIV/AIDS be better addressed among the youth you work with?*

N = 28		How could HIV/AIDS be better addressed?	
#	%	Theme	Examples
7	25%	More HIV education	<ul style="list-style-type: none"> • Teach skill development in addition to teaching information • Provide age appropriate information with a curricula that is built over time • Have a more coordinated K-12 health ed program • Curricula development to integrate HIV education into more classes (2) • Need to teach HIV in 9th-12th grades (2)
5	18%	HIV+ guest speakers	<ul style="list-style-type: none"> • HIV+ speakers make it more real (2) • Use HIV+ speakers (3)
4	14%	Start HIV education earlier	<ul style="list-style-type: none"> • Get to kids earlier with this information (e.g., 4th-5th grade) • Start HIV education earlier (3)
4	14%	Peer education	<ul style="list-style-type: none"> • Peer education • Have high school students teach HIV to their peers • Have HIV+ peers speak to students (2)
4	14%	Educate adults	<ul style="list-style-type: none"> • Educate parents on how to intervene with their kids • Ongoing training of teachers and other professionals, so they can give students accurate information • Have parents talk with their kids about HIV • Teachers need more training and comfort to better address HIV in the lower grades
3	11%	Use media to increase awareness	<ul style="list-style-type: none"> • Use internet or media to reach students with HIV information • Use media to convey HIV prevention messages • Promote awareness via TV
2	7%	Make HIV information more accessible	<ul style="list-style-type: none"> • Access to private and confidential information about HIV • Provide information in a variety of ways to reach different youth
2	7%	Emphasize healthy lifestyle and making good choices	<ul style="list-style-type: none"> • Keep disease prevention more general, focus on decision-making process • Provide skills-building for a healthy lifestyle

Note: The above table reflects the responses from 28 interviewees; due to a computer difficulty, data for one interviewee was lost.

FOCUS GROUPS

The following section is a report of the information gathered at six focus groups held at public schools in Vermont. All six focus groups were done at three public schools (two focus groups per school). Although attempts were made to include focus groups at public schools representing the various regions of Vermont (e.g., northeastern, northwestern, central, and southern Vermont), only schools from central and southern Vermont were able to participate in the project.

In terms of structure, focus groups in the public schools differed slightly from those in the other settings. In terms of discussion questions used, however, the public focus groups were identical to the focus groups in Phases I and II. First, the focus groups were shortened in order to fit into the school day schedule (e.g., 45-50 minutes instead of 90 minutes). In the interest of time, the question and answer period, which typically followed the discussion portion of the other focus groups, was omitted, and any follow-up questions from the focus group were answered via email sent to the student's health teacher. In addition, in two schools, the introduction to the focus groups was done with students from both focus groups, before splitting into the two focus group sections. These adjustments allowed for more equal time to be spent in all focus groups on the discussion questions while simultaneously maintaining the same key focus group elements (e.g., introduction, ground rules, discussion questions, etc...). A total of 52 youth (24 females and 28 males) participated in the focus groups; all participants fit the population definition of this project.

Each focus group responded to the same six basic questions:

1. Where have you seen HIV/AIDS information?
2. Who is getting HIV/AIDS information?
3. Who is not getting HIV/AIDS information?
4. What are the challenges/barriers to getting information about HIV prevention?
5. Regarding HIV prevention or information, what has been helpful or effective?
6. If you were designing an HIV prevention program, what would it look like?

Note: This report does not attempt to counter any inaccuracy or bias contained in participant responses.

FOCUS GROUP QUESTION 1: WHERE HAVE YOU SEEN HIV/AIDS INFORMATION?

N = 6		Where have you seen HIV/AIDS information?	
#	%	Theme	Examples
6	100%	School	<ul style="list-style-type: none"> • Health class • Other schools • 8th grade sex ed • Posters at school • Classroom • Health board in school • Program at school
6	100%	Media	<ul style="list-style-type: none"> • TV Commercials • Safer sex commercials on TV • “Get tested” commercials on TV • Condom commercials on TV • TV • MTV • Public Service ads • Internet
5	100%	Health Care Facility	<ul style="list-style-type: none"> • Hospital • Nurse’s office • Doctor’s office
1	25%	Community organizations/agencies	<ul style="list-style-type: none"> • Planned Parenthood
2	25%	Family	<ul style="list-style-type: none"> • Gay family member with HIV
1	25%	Public Places	<ul style="list-style-type: none"> • Posters, publically, in NYC
1	25%	Miscellaneous	<ul style="list-style-type: none"> • Not at school • It’s there if you look for it

FOCUS GROUP QUESTION 2: WHO IS GETTING HIV/AIDS INFORMATION?

N = 6		Who is getting HIV/AIDS information?	
#	%	Theme	Examples
5	83%	Teens	<ul style="list-style-type: none"> • We are – teenagers • People our ages, it's aimed at us • Teenagers
3	50%	Gay people	<ul style="list-style-type: none"> • Gay community • Gay society • Homosexuals targeted with HIV/AIDS info
3	50%	People watching TV	<ul style="list-style-type: none"> • MTV audience • People who read magazines • Whoever is listening to radio, TV...
2	33%	College students	<ul style="list-style-type: none"> • College students
2	33%	Professionals/Other Adults	<ul style="list-style-type: none"> • Adults • Teachers • School nurse
2	33%	People living with HIV	<ul style="list-style-type: none"> • HIV+ people
1	17%	Parents	<ul style="list-style-type: none"> • Parents (through meetings at school)
1	17%	People who know someone with HIV	<ul style="list-style-type: none"> • People who know someone with HIV
1	17%	Middle class/wealthy people	<ul style="list-style-type: none"> • Middle class and wealthy people • People who live around here (mid/upper socioeconomic, educated class)
1	17%	Middle school students	<ul style="list-style-type: none"> • Middle school kids
1	17%	No one	<ul style="list-style-type: none"> • Not really anybody
1	17%	People getting health care services	<ul style="list-style-type: none"> • People going to the doctor
1	17%	Overachievers	<ul style="list-style-type: none"> • People who want to know everything
1	17%	Pregnant women	<ul style="list-style-type: none"> • Pregnant women
1	17%	Celebrities	<ul style="list-style-type: none"> • Celebrities

FOCUS GROUP QUESTION 3: WHO IS NOT GETTING HIV/AIDS INFORMATION?

N = 6		Who is not getting HIV/AIDS information?	
#	%	Theme	Examples
4	67%	People resistant to HIV messages	<ul style="list-style-type: none"> • Think it won't happen to them • Don't care • In denial • People who don't think it affects them • Some just don't take heed • Teens get the info, but they don't <u>get</u> it
4	67%	Preadolescents	<ul style="list-style-type: none"> • Little kids • Elementary school kids • Little kids • Younger – elementary school
3	50%	People with low SES	<ul style="list-style-type: none"> • Homeless people • Poor people • People lacking education
3	50%	Adults	<ul style="list-style-type: none"> • Parents • Adults
3	50%	Students without access to health class	<ul style="list-style-type: none"> • People who aren't in health class • Some don't get health class
2	33%	Lack of TV	<ul style="list-style-type: none"> • Don't watch MTV • People without TV/electricity
2	33%	People engaging in high risk behaviors	<ul style="list-style-type: none"> • Prostitutes • People who are getting HIV • Drug users/needle users
2	33%	People in less wealthy countries	<ul style="list-style-type: none"> • People in Africa • People in other countries who don't visit hospital
1	17%	Upperclassmen	<ul style="list-style-type: none"> • Upperclassmen, who already had health in 9th grade
1	17%	Rural populations	<ul style="list-style-type: none"> • Small town kids
1	17%	Religious people	<ul style="list-style-type: none"> • Religious kids

FOCUS GROUP QUESTION 4: WHAT ARE THE CHALLENGES/BARRIERS TO GETTING INFORMATION ABOUT HIV PREVENTION?

N = 6		What are the challenges/barriers?	
#	%	Theme	Examples
6	100%	Stigma/Shame	<ul style="list-style-type: none"> • Embarrassed • Don't want to be thought of as HIV+ • Judgmental people • No one wants to be seen sitting in the waiting room at Planned Parenthood • Afraid to speak out • People are nervous to talk about it • Feels awkward [to talk about HIV]
5	83%	Feelings of Immunity/Apathy	<ul style="list-style-type: none"> • No one wants to admit there's a problem • People think they know everything they need • If you don't care • "Not going to happen to you" kind of thing • Rural areas – considered less of a problem • I've never gone and gotten [info], it's only ever been handed to me • People don't want to buy condoms • Ignorance: "We don't need to know about that"
4	67%	Fear	<ul style="list-style-type: none"> • No cure • People scared to know they have it • Fear of getting info on things that are possible • Kids don't want to ask parents for condoms, scared of parents knowing • Too horrible a thing to happen – they block it out • People don't want to know or hear about this deadly disease • Attitude that "HIV is the worst thing"
3	50%	Community-based obstacles	<ul style="list-style-type: none"> • Small towns secluded from the outside world • Rural areas, harder to do things like find clean needles: or learn how to clean them
3	50%	Lack of access	<ul style="list-style-type: none"> • Lack of resources go get the information • Money • Lack of clinics (like Planned Parenthood) where there are free condoms • Some schools don't have health ed • Lack of access to media (TV, the kind of advertising done in urban areas, bill boards)
Continued on next page...			

What are the challenges/barriers?

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#	%	Theme	Examples
3	50%	HIV messages are too simplistic or ineffective	<ul style="list-style-type: none"> • Better ads aren't there • I've seen pamphlets, no one reads them • AIDS info doesn't compete with everything else out there • Everyone presents info in the same way • Info doesn't relate to the people reading it • Same info, same perspective, same format • They tell us to get tested, but don't tell us when and where we can do it • Timing is off when the information is delivered
2	33%	Alcohol use	<ul style="list-style-type: none"> • Drinking leads to unprotected sex • Don't have all the right judgment
2	33%	Media messages	<ul style="list-style-type: none"> • Sex sells • There's so much sexy media • TV can't put on the kind of info that would be more helpful
1	17%	HIV/AIDS not visible	<ul style="list-style-type: none"> • We live in Vermont, it's not that prevalent, we don't expect it around here
1	17%	Inconvenience	<ul style="list-style-type: none"> • Inconvenience – people don't want to use condoms
1	17%	Peer pressure	<ul style="list-style-type: none"> • Social pressure to do stuff • It's not cool to pay attention
1	17%	Age	<ul style="list-style-type: none"> • Age
1	17%	Lack of technology	<ul style="list-style-type: none"> • Other countries, where technology isn't there

FOCUS GROUP QUESTION 5: REGARDING HIV PREVENTION OR INFORMATION, WHAT HAS BEEN HELPFUL OR EFFECTIVE?

N = 6		What has been effective?	
#	%	Theme	Examples
4	67%	Movies/Media	<ul style="list-style-type: none"> • Watch <i>Rent</i> • <i>Philadelphia</i> – it was easy to relate to Tom Hanks • I’ve watched shows about it, they give a lot of good info, how you get it, how to prevent it • When TV shows address it • Commercials, everyone watches TV • “Knowing is beautiful” ads (2) • 90210 episode – taught more about tolerance and how it is transmitted • When celebrities admit they have it, when Magic Johnson came out
4	67%	Being real/honest	<ul style="list-style-type: none"> • People talking about their stories • Movies that show it in the real world, not set up, not stupid and cartoony, <i>real</i> stories • True stories about kids who have gotten HIV
3	50%	Health class	<ul style="list-style-type: none"> • Health class, every freshman gets it • It covers sex, drugs, etc..., and the conversation keeps coming back to AIDS • Health class is really good • Everyone is interested in learning about sex
3	50%	Group Format	<ul style="list-style-type: none"> • Discussion • Other people’s perspectives help you realize things • Groups like this one, groups can give more of a learning opportunity
3	50%	HIV+ Speakers	<ul style="list-style-type: none"> • HIV+ speakers are more effective than HIV- speakers • Hearing from/about someone who has died of it
3	50%	Attention-getting approaches	<ul style="list-style-type: none"> • If it doesn’t catch your attention, it doesn’t work • Dancing squirrel, that would be unexpected • Set time apart from other distractions • Visuals get my attention more than anything (2)
3	50%	Scare tactics	<ul style="list-style-type: none"> • Fear of dying by not protecting myself • TV show about Freddy Mercury; he looked like a skeleton; there’s a fear of being that • Hearing scary stuff about other countries (e.g., the HIV rate in Africa) • Knowing the danger of it
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What has been effective?			
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#	%	Theme	Example
2	33%	Interactive approaches	<ul style="list-style-type: none"> • If output is required of me • When they want to hear what we want to say • Having someone talk <i>to</i> me, not <i>at</i> me • More hands on [teaching approaches]
2	33%	Having HIV Information	<ul style="list-style-type: none"> • A good statistic always catches my eye • Interesting facts they say about it • If testing locations and other information is made available
2	33%	Celebrities	<ul style="list-style-type: none"> • There was a song by a bunch of popular singers • Ads with recognizable faces (idols, movie stars, singers, basketball stars)
1	17%	Privacy	<ul style="list-style-type: none"> • Planned Parenthood and hospitals – keep the info private to keep parents from knowing (e.g., about your HIV test) • Posters, you can read them without embarrassment
1	17%	Variety of approaches	<ul style="list-style-type: none"> • I had to go through it with two teachers, that helped
1	17%	Personalizing	<ul style="list-style-type: none"> • Someone that's close to you that got it

FOCUS GROUP QUESTION 6: IF YOU WERE DESIGNING AN HIV PREVENTION PROGRAM, WHAT WOULD IT LOOK LIKE?

N = 6		If you were designing an HIV prevention program, what would it look like?	
#	%	Theme	Examples
6	100%	Use Entertainment/Media	<ul style="list-style-type: none"> • TV, get hot chicks to say they have HIV • “Sex Fest” event for 19-24 year olds, free condoms, info, etc... • Dancing squirrels – element of surprise and humor • Drama smacks me in the face, need to realize it’s serious • You need an up before a down • Talk show about AIDS, STD’s, etc... • Hip-hoppers, live music • Cool movie • Make it entertaining, in an emotional way • Superbowl ad • Ads that play first during the commercial break, with good music • Celebrities, the Rock, sports celebrities [to deliver HIV prevention messages] • Teen shows • Do an HIV prevention song on MTV
5	83%	School-based HIV Prevention	<ul style="list-style-type: none"> • Better programs in health class • At school, a theatrical production, sitting kids down while entertaining them • Videos in class • Every health class should be small (around 10 people), and should be required • Assembly at school • More info in school (we have to come here) • Distribute condoms at school • Get more info to younger kids (e.g., 5th/6th grade): “HIV is bad” • Do this presentation [guest speaker and a movie] school to school
5	83%	Engaging presentations/speakers	<ul style="list-style-type: none"> • Teacher should be blunt, not afraid to say things, open and comfortable, someone you can talk to • The people feel good about the “product” • People talking about their experiences, makes it more emotional and personal • Make it interactive, interesting • Make it like a game, e.g., a memory game
Continued on next page.....			

If you were designing an HIV prevention program, what would it look like?

Continued from previous page.....

#	%	Theme	Examples
4	67%	Increase discussion	<ul style="list-style-type: none"> • Not just book-based but discussion-based • Sit and talk about it, and be open • Set up a thing to get people more comfortable talking about it (e.g., if you could talk to someone confidentially) • Everyone talking about it [on a talk show on HIV] • Make it comfortable to talk about
4	67%	Make HIV prevention more accessible	<ul style="list-style-type: none"> • Create more access to information outside of class • Go to where kids hang out; hand out a lot of info • Put info in waiting rooms and other places where people are bored • Make buying condoms more comfortable • Distribute condoms at groups • Make testing not a big deal • More places with free condoms and information
4	67%	Community-based Intervention	<ul style="list-style-type: none"> • HIV get-together, like something on Church Street, like a rally • Create more Boys and Girls Clubs in more areas; could have info there • Open a center, make it cool to come... [with a] café, young volunteers • Like a Planned Parenthood for HIV • Hold dances and parties where there's free condoms and information
3	50%	Increase HIV testing	<ul style="list-style-type: none"> • More testing for HIV • When you donate blood • During school – mom and dad won't know • Free testing • HIV testing [at a teen center] • Put testing information out there, show people how you get tested
3	50%	HIV+ speakers	<ul style="list-style-type: none"> • Have HIV+ people talk to students and parents • Use people who have HIV/AIDS [guest speakers] • Explain lifestyle before and how HIV has affected them
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If you were designing an HIV prevention program, what would it look like?**Continued from previous page.....**

#	%	Theme	Examples
2	33%	Reach/involve parents	<ul style="list-style-type: none"> • Mass mailing to parents • Address kids and parents • Include parents, don't just show it on MTV, but where they watch it too
2	33%	Use group format	<ul style="list-style-type: none"> • Group of peers • Like this group • You can learn without participating
1	17%	Youth-led education, discussion, programs	<ul style="list-style-type: none"> • Student-chosen topics, relevant topics • Young people speaking [on a talk show on HIV]
1	17%	Show what it's like to live with HIV	<ul style="list-style-type: none"> • Gather group of teens at a clinic or hospital; show them what an HIV+ person goes through